

TULALIP TRIBES OF WASHINGTON EMPLOYEES' RETIREMENT PLAN

PARTICIPANT INFORMATION

Last Name	First Name	Middle Initial
Address	City	State Zip
Email	Social Security #	Date of Birth
Date of Hire	Facility Location	

CONTRIBUTION ELECTION

The maximum deferral limits are calendar year limits that include all plans you have participated in during the year (\$14,000 in 2005, and \$15,000 in 2006.) Please refer to the Plan Highlights for any other limits that may apply. Please select **one** of the following:

DEFERRAL ELECTION		
PAYROLL PERCENTAGE ELECTION	I elect to defer from each paycheck the following percentage as <i>pre-tax</i> contributions (up to 100% of pay)	%
DECLINE DEFERRAL ELECTION	By checking this box, I elect NOT to make <i>pre-tax</i> contributions until further notice.	<input type="checkbox"/>

CATCH-UP CONTRIBUTIONS

Participants who will be age 50 or older this year, may elect to make catch-up contributions. Catch-up contributions are additional amounts (\$4,000 in 2005, and \$5,000 in 2006) that eligible participants may defer. Participants must first reach the maximum deferral limits under the regulations or other limits defined by the plan before any catch-up contributions may be made.

- ☐ By checking this box, I am confirming that I will be age 50 or older this year and would like to make catch-up contributions. Furthermore, I confirm that the deferral election made above includes any amounts that I am permitted to designate as catch up contributions.

ENROLLMENT/BENEFICIARY DESIGNATION FORM

BENEFICIARY DESIGNATION

<input type="checkbox"/> Married Participant Naming Spouse as Sole Beneficiary By checking this box, I hereby certify to the Plan Administrator that I am married and intend to name my spouse as the beneficiary of any benefits payable upon my death. (Complete Standard Beneficiary information below)	<input type="checkbox"/> Married Participant Naming Primary Beneficiary other than Spouse By checking this box, I hereby certify to the Plan Administrator that I am married and intend to name my primary beneficiary as someone other than my spouse. (Complete Alternate Beneficiary Designation Form)	<input type="checkbox"/> Unmarried Participant By checking this box, I hereby certify to the Plan Administrator that I am unmarried. (Complete Standard beneficiary information below)
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Primary Beneficiary

Name:	Relationship:	%
Social Security Number:		
Name:	Relationship:	%
Social Security Number:		
Secondary Beneficiary		
Name:	Relationship:	%
Social Security Number:		
Name:	Relationship:	%
Social Security Number:		

* Note: If you are married, Federal Law requires that your spouse be your primary beneficiary unless spousal consent is provided. If you choose someone other than, or in addition to your spouse as primary beneficiary, a signed, notarized Spousal Consent Form must be presented to waive the survivor benefit provided by the Plan. Contact your Plan Administrator should you require a Spousal Consent Form.

PARTICIPANT AUTHORIZATION

I authorize the Plan Administrator to execute my directions as set forth above. I understand these directions will be in effect until a subsequent election is submitted, or as required by law or the Plan. Furthermore, I understand that all benefits and rights to which I am entitled under the Plan will be determined only in accordance with the Plan and Trust Agreement, all amendments thereto, and regulations thereunder. I agree, if more than one beneficiary is designated, payments will be made in equal shares to those persons designated as beneficiaries who survive me, unless indicated otherwise.

Participant Signature _____ **Date** _____

Please keep a copy of this form and forward a copy to your Human Resources Department.